



City of Jackson

Office of the City Clerk

P O Box 17 • Jackson, Mississippi 39205-0017
(601) 960-1035 • (601) 960-1032 (fax)



REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

(Please Print or Type)

Today's Date: _____ Phone: _____

Person Requesting: _____ Fax: _____

Address: _____

Name of Business (if Applicable): _____

If Attorney/Insurance Co. Making Request, Client's Name: _____

Subject Matter: _____

(Any request shall be clear and concise and shall be directed toward only one subject matter)

MANNER OF COMPLIANCE ☐ Personally Inspect
☐ Personally Copy
☐ Photocopy of Document

MANNER OF DELIVERY ☐ By Mail to Address Above
☐ To Pick Up In Person
☐ Fax if Possible

For further information regarding this form and the City's Public Records Policy, please see the following Code Chapter 2; Article I Section 2-5, Code of Ordinances, City of Jackson, MS and Section 25-61-7 of the Mississippi Annotated Code. A copy of these Code Sections is available for review upon request. I understand that there may be a charge for this information including, but not limited to .50 per photocopy and the actual cost of searching, reviewing, and if applicable, mailing copies and \$1.00 for each certification thereof, if required.

A RESPONSE TO YOUR REQUEST WILL BE PROVIDED WITHIN FOURTEEN (14) WORKING DAYS OF YOUR WRITTEN REQUEST.

Signature of Person Requesting Records

DO NOT WRITE BELOW

REQUEST IS DIRECTED TO: ESTIMATE OF COST:

City Clerk/City Hall

Copies @ \$.50 each
Certification @ \$ 1.00
Research @ \$ _____
Computer Time @ \$ _____
Other Cost @ \$ _____
Total Estimate ✓
Receipt # _____

Amount Paid _____

ATTENTION
CONNIE R. MICHAEL
601-960-2381

Pursuant to City policy and Mississippi law, a public record must be produced or a denial of production must be given within 14 days of the date of request. To ensure a timely response to the public record request, the Department Contact Person should make certain that the requested record is retrieved from the Department files and forwarded to the Clerk's Office or the Legal Department within three (3) working days after the Department Contact Person receives the request.

LEGAL SECTION

Date Received By Legal: _____ Reviewed By / Legal Staff: _____

☐ Approved ☐ Denied (exempted from the Freedom of Information Act) Date Completed: _____

DEPARTMENT SECTION

☐ Request Approved ☐ Request Denied

Date of Compliance: _____ Department Contact Person: _____

Date Completed: _____

Clerk's Office

DUE DATE: _____

Rec'd By: _____ Date: _____

City Clerk/Deputy Clerk

Notes: _____

